## **SEEC FORM 26—SHORT FORM**

## **Independent Expenditure Statement for Persons**

Revised August 2014





☐ Amendment

☑ Original

Page 1 of 8

ON DEE									
1. NAME OF PER	RSON MAKING INDEPEN	DENT EXPER	NDITURE						
180234									
American Fe	deration of State, C	ounty and I	Municipal Er	nployees (AFSCME)					
2. NAME OF INDIVIDUAL FILING INDEPENDENT EXPENDITURE STATEMENT									
First Name		МІ	Last Name		Suffix				
Elissa			McBr	ide					
Title									
Secretary-T	reasurer								
3. TELEPHONE &	EMAIL ADDRESS OF I	NDIVIDUAL F	ILING INDEPE	NDENT EXPENDITURE STA	TEMENT				
(Include Area Code)		Email Address							
(20	02) 429-1088	ct	nui@afscme.c	org					
4. DATE (Check One	e Box)								
☐ Primary									
☐ Primary		- Liceton	TTO TOTAL						
5. TYPE OF REPO	ORT (Check One Box)								
☐ January 10	☐ 7th day preceding prim	ary	☐ 7th day	diture Statement for Prima	ry				
□ April 10	☐ 30 days following prin	ıary	preceding referendum	24 hour Independent Expend	liture Statement for Election	on			
□ July 10	☐ 7th day preceding election		□ 90 days	☐ 24 hour Independent Expend	liture Statement for Specia	l Election			
☐ October 10	☐ 7th day preceding spec	ial election	following referendum	☐ Amendment to (Type of Report)	)				
	☐ 45 days following spec	ial election							
6. PERIOD COVE	RED								
	Ве	ginning Date		Ending Date					
	Octobe	er 25	41	October 26		i			
		J1 20	through	00.0001 20	<b>–</b>				
7. CERTIFICATION OF INDIVIDUAL FILING THE INDEPENDENT EXPENDITURE STATEMENT									
	I hereby certify and state, under penalties of false statement, that I have accepted my appointment as the individual authorized to file the								
Independent	Independent Expenditure Statement on behalf of the person. I further certify and state, under the penalties of false statement, that the								
information set forth on this Independent Expenditure Statement is a true, accurate and complete itemization of expenditures made or obligated to be made by the person, for the period covered, and that these expenditures and obligations were made independent of any other individual,									

political committee, party committee, or candidate committee, or agent thereof, and that the person has not been reimbursed.

Elissa McBride

10/25/2018

PRINT NAME OF SIGNER

DATE (mm/dd/yyyy)

AFSCME	24 Hour IE Report			
	SUMMARY			
	COLUMN A This Period	COLUMN B Aggregate		
Expenditures Made by a Person (Section A - Page 3)	\$15,439.45	\$141,619.98		
Expenditures Obligated by a Person This Period but Not Paid (Section B - Page 4)	\$0			
D. Total Outstanding Expenditures Obligated by a Person still Unpaid (Section B - Page 4)	\$7,837.88			

## SEEC FORM 26—SHORT FORM INDEPENDENT EXPENDITURES Revised August 2014

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1) TY					TPE OF REPORT				
AFSCME 24					Hour IE Report				
A. Indepe	ndent Expe	nditures	Made by	Person				. ,	
Name of Payee							Date of E	xpenditure	
Red Horse Strategies						<del></del>	10/25/2018		
Street Address		City				State	• [2	Zip Code	
55 Washington Street, Suite 702	<del></del>	Brookl	yn	<u></u>		N	11201		
Independent Expenditure on behalf of more than one candidate? Description									
Yes No If yes. complete Section A. Addendum Mail piec				1				· [ · · · · · · · · · · · · · · · · · ·	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candid	fate—if more than one	Complete Section	n A. Addendum)	Office Soug	ht			Supported	
Ned Lamont	<b>T</b>		.,	Govern				Opposed	
Purpose of Expenditure (by code)	Expenditure Nu	ımber	Associated with Referendum?		um?	Amount			
A-DM	16		Y	es 🗹 No	\$15,439	.45			
Name of Payee							Date of E	spenditure	
Street Address	<u> </u>	City				State	Z	ip Code	
		l				1			
Independent Expenditure on behalf of more than one candidate? Description		l				•			
Yes No If yes, complete Section A. Addendum									
Name of Candidate (only complete if independent Expenditure is on behalf of ONE condide	nte—if more than one,	Complese Section	A Addendum)	Office Sough	16			☐ Supported	
								Opposed	
Purpose of Expenditure		Expenditure Number Associated with		ith Referendu	ım?	mount	<u> </u>		
(dy. code)	(if applicable)		☐ Yes ☐ No						
Name of Payre	1			<u> </u>		1	Date of Ex	penditure	
						Ì			
Street Address		City				State	Zı	p Code	
****		•							
ndependent Expenditure on behalf of more than one candidate? Description						l			
☐ Yes ☐ No If yes, complete Section A. Addendum  Name of Candidate (only complete If Independent Expenditure is on behalf of ONE candidate.)	toif more than one. C	onunleta Section	A Addendumi	Office Sought					
	,	•		*				Supported Opposed	
Aurpose of Expenditure	Expenditure Number		Associated w	th Referender	ndum?		mount		
to code)	(if applicable)			☐ Yes ☐ No		1			
								-	
								_	
SUBTOTAL Section A This Page					\$15,439.4	5			
TOTAL of additional Section A. Pages				. Pages	\$0				
TOTAL OF ALL INDEPENDENT EXPENDITUR	ES MADE B	Y PERSO	N THIS I	PERIOD	\$15,439.4	5			

## SEEC FORM 26—SHORT FORM INDEPENDENT EXPENDITURES

Revised August 2014	TABLE TOL	INELLI	EXIL	// <b>/ ///</b> 1	UKE	,			
NAME OF PERSON MAKING INDEPENDE	NT EXPENI	DITURE (As re	sported on Pa	ige 1, Line 1,	TYP	E OF REPORT			
AFSCME 2					24	4 Hour IE Report			
B. Independer	ıt Expendi	tures Oblig	ated by F	erson th	is Period	but Not Pa	aid		
Name of Creditor								Date Obl	ligated
				<del></del>					
Street Address			City				State	·	Zip Code
	<del></del>		_						
Independent Expenditure on behalf of more than one candidate?	Description								
Yes No If yes, camplete Section B. Addendum	( (c com ):1		a hi kum	. 6 444. 4 . 1	Loger Com				
Name of Candidate (only complete if Independent Expenditure is an be	maij oj UNE candial	me-symore than are.	, Complete seculi	is B Annennumy	Office Sough	nt			Supporte
		T		<b>.</b>	<u> </u>		<del></del>		
Purpose of Expenditure (the code)		Expenditure N	umber	1	with Referendi	um?	Amou	int Oblig	ated
					Yes No				
Name of Creditor								Date Obli	igated
			1	**		<u></u>		<del></del>	
Street Address			City				State	ľ	(ip Code
	In		<u> I</u>				l		
Independent Expenditure on behalf of more than one candidate?	Description								
☐ Yes ☐ No If yes, complete Section B. Addendum  Name of Candidate (only complete if Independent Expenditure is on be.	all of OVE condide	us. Course there are	Complete Section	B 4ddandans	Office Sough				<del></del>
Name of Caramane (only complete y morphisms Expensions & on technique	any by ONE tanana	ne—y more man one,	Complete Section	D. Autremumiy	Office Sough				Supporte Opposed
Purpose of Expenditure		Evending No	umbar	Accordated	with Referends	m?	Amou	nt Obliga	
fly code.		Expenditure Number		Associated with Referendum?  ☐ Yes ☐ No		m? Amount Obligate			···
N. C. C.		<u> </u>						Date Oblig	noted
Name of Creditor							ľ	Date Colls	garen
Street Address			City				State		ip Code
Succi Admicss			(1.1.)						.,
Independent Expenditure on behalf of more than one candidate?	Description		<u> </u>		<del>* · · ·</del>				··· ·· ·· ··
Yes No If yes complete Section B. Addendum									
Name of Candidate (only complete if Independent Expenditure is on beh	alf of ONE candidate	e-if more than one. (	Complete Section .	B Addendian)	Office Sought		<del></del>		T
									Supported Opposed
Purpose of Expenditure	-	Expenditure Nu	mber	Associated w	rith Referendun	n?	Amoun	t Obliga	 ted
by code)		(If applicable)		□ Y	es 🗌 No			_	
				7		<u> </u>		***************************************	
SUBTOTAL Section B This Page  TOTAL of additional Section B. Pages					\$0				
									10 1AL of auditional Section D. Fages
TOTAL OF ALL INDEPENDED DURING THIS PERIOD BUT N		DITURES O		ED BY PI otal on Colum		\$0			
Previous Reported Indep	endent Expe	enditures Un	paid and	Still Outs	tanding	\$7,837.88			
TOTAL OF ALL INDEPENDENT EXPENDITURES OBLIGATED BUT NOT PAID (Enter total on Column A, Line 10)				OT PAID	\$7,837.8	18			